Print Form

SEMINOLE COUNTY GOVERNMENT
(M.O.T.) MAINTENANCE OF TRAFFIC PROPOSAL

(JACK & BORE / DIRECTIONAL LANE CLOSURE / ROAD CLOSURE / R.O.W. USE)
TO BE CALLED IN AND FAXED (5) WORKING DAYS PRIOR TO ENTERING THE RIGHT-OF-WAY
(10) WORKING DAYS FOR ROAD CLOSURES

FAX: (407) 665-5623 PHONE: (407) 665-5682 or (407) 665-5677
EMAIL: mhaeffner@seminolecountyfl.gov ATTENTION: MARCIA HAEFFNER

This request is valid from _____ to _____
If the project extends beyond end date approval of continuance is required.

Date of request: _____

Name and phone number of person(s) requesting review:

_____

Company / division requesting review: _____

Maintenance of Traffic Index #: (Per F.D.O.T. Design Standards)_____

Right-of-Way Permit #: _____

Project Name: _____

Name & phone number of contact person on job site_____

Location of construction: _____

Date of proposed construction: _____Duration of construction: _____

Brief description of construction:_____

_____

Approved By:_____ Date:_____

- ☐ AN APPROVED MOT MUST REMAIN ON THE JOB SITE AT ALL TIMES
- ☐ COVER, LAY DOWN, OR REMOVE CONSTRUCTION SIGNS WHEN NO CONSTRUCTION IS OCCURING (AT THE END OF THE DAY)
- ☐ ANY TRENCHES OVER THREE INCHES (3") DEEP SHALL BE BACKFILLED OR TAPERED AS PER THE STANDARD INDEXAND MADE SAFE BEFORE LEAVING THE CONSTRUCTION AREA AT THE END OF EACH DAY
- ☐ LANE CLOSURES ARE RESTRICTED TO BETWEEN THE HOURS OF _____AM AND _____PM, INCLUDING MOT SET UP

MOT SUBJECT TO CHANGE IF CONDITIONS WARRANT